

REQUEST FOR PATENT FEE REFUND

1 Date of Request: _____ 2 Serial/Patent # 107520004

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing	1	12/29/04	\$ 100
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ <u>100</u>	
8 TO BE REFUNDED BY:				
<input checked="" type="checkbox"/>	Treasury Check			
<input checked="" type="checkbox"/>	Credit Deposit A/C #:			
<input checked="" type="checkbox"/>	9 <u>03-2412</u>			
10 REASON:				
<input checked="" type="checkbox"/>	Overpayment			
<input type="checkbox"/>	Duplicate Payment			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>		
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9940</u>		
OFFICE: *****				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				

***** THIS SPACE RESERVED FOR FINANCE USE ONLY:

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B